PTO/SB/01 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032

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	DECLADATI	ON EOD TITE	Attornov Dooket Number	Tr. 2010							
	DECLARATI	ION FOR UTI DESIGN	Attorney Docket Number First Named Inventor	JL-2010							
	PATEN	T APPLICAT	First Named Inventor	Derry Roopenian							
		7 CFR 1.63)	COMPLETE IF KNOWN								
X	Declaration	, 	Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Application Number	Not yet assigned						
I A i	Declaration Submitted with Initial Filing	OR		Filing Date	Not yet assigned						
				Group Art Unit	Not yet assigned						
				Examiner Name	Not yet assigned						
As a below named inventor, I hereby declare that:											
My residence, mailing address, and citizenship are as stated below next to my name.											
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: FcRn-BASED THERAPEUTICS FOR THE TREATMENT OF AUTO-IMMUNE DISORDERS (Title of the Invention)											
the specification of which is attached hereto OR											
□ was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number and was amended on (MM/DD/YYYY) (if applicable).											
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.											
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.											
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.											
	oreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO						
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:											

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DECLARATION - Utility or Design Patent Application											
Direct all correspondence to: Customer Number or Bar Code Label					OR —	Z Corre	Correspondence address below				
Name Kevin M. Farrell					***************************************						
Address	Kevin M. Farrell, P.C. P.O. Box 999										
City York Harbor			State		Maine	ZIP	03911				
Country	USA Telephone		(207) 363-0558		8	Fax (207) 363-0528					
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.											
NAME OF SOLE OR FIRST INVENTOR:					☐ A petition has been filed for this unsigned inventor						
Given Name (first and middle (if any))		Derry		Family Name or Surname		Roopenian					
Inventor's Signature					Date						
Residence: City		Salisbury Cove	State	ME	Country	USA	Citizenship	US			
Mailing Address		Box 29, Locust La	ane								
City Salisbury Cove			State	ME	ZIP	04672	Country	USA			
NAME OF SECOND INVENTOR:					☐ A petition has been filed for this unsigned inventor						
Given Name (first and middle (if any))				Family Name or Surname							
Inventor's Signature					Date						
Residence: City			State		Country		Citizenship				
Mailing Address											
City			State		ZIP		Country				
☐ Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.											